

CROWELL STATE BANK
NEW ACCOUNT APPLICATION

Ownership of Personal Account:

Personal

- Individual
 - Joint
 - With Right of
 - Without Right of Survivorship
-

INDIVIDUAL APPLICANT INFORMATION

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email Address: _____

Employer/Address:

Position: _____ How Long: _____ Phone No.: _____

JOINT APPLICATION INFORMATION

Name: _____

Birth Date: _____ Home Telephone No: _____

Cell No.: _____ Driver's Lic. No.: _____

Social Security No.: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

Email Address: _____

Employer/Address: _____

Position: _____ How Long: _____ Phone No.: _____

ADDITIONAL INFORMATION

How did you hear about us or are you an existing customer? _____

What is the nature of the account? (Ex. Personal/Savings)

Estimate the volume that will be going in/out of account.

Describe the types of transactions you will be processing through the account. (Ex. Household/Personal) _____

Would you like to opt out of a monthly paper statement? (If yes, you may view your statement online via internet banking) Yes / NO

SIGNATURES

I certify that everything I have stated in this application and on any attachment is correct. You may keep this application whether or not it is approved. By signing below, I authorized you to check my credit account and employment history and/or have a credit report agency prepare a credit report on me. I also authorize you to answer questions others may ask you about my credit record with you. I understand that I must update my credit information at your request if my financial condition changes.

Applicant's Signature Date

Joint Applicant's Signature Date

FOR FINANCIAL USE ONLY

Date _____ Account #: _____

Type of Account: _____

Initial Deposit: _____ Cash Check

Total Risk Rate: _____